PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information under it displays a collection under it displays a collection under it displays a collecti

Under the Paperwork Redu	ction Act of 19	95, no person are re	equired to	respond to a collection				control number
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				'\'		10/740,748-Conf. #4932		
FEE TRANSMITTAL						December 19, 2003		
For FY 2009					Tin Qian			
						H. C. Wang		
Applicant claims small entity status. See 37 CFR 1.27			7 tit Olite		2439			
TOTAL AMOUNT OF PAYMENT (\$) 1,920.00				Attorney Docket No. M1103.70168US00				
METHOD OF PAYMEN	T (check all	that apply)						
Check X Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	7 011(1.10	and 1.17						
1. BASIC FILING, SEARCH	I, AND EXA	MINATION FEE	S					
	FILI	NG FEES	SE	ARCH FEES	EXAMIN	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity (i) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540		220	110		
Design	220	110	100		140	70	•	
Plant	220	110	330		170	85	****	
Reissue	330	165	540		650	325	*	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES						_	-	Small Entity
Fee Description Each claim over 20 (includ	ina Daisawa	~)					Fee (\$)	Fee (\$)
Each independent claim over	~	•					52 220	26 110
Multiple dependent claims	or 5 (Mioraa	ing recissues)					390	195
· ·	•		F	ee Paid (\$)		Multiple Dependent Claims		
- or HP = X =						ee (\$) Fee Paid (\$)		
HP = highest number of total clai	ms paid for, if	greater than 20.						_
Indep. Claims Ex	tra Claims	Fee (\$)	F	ee Paid (\$)				
- or HP = HP = highest number of indepen		id for if greater than						
3. APPLICATION SIZE FEE	·	id for, if greater trial						
If the specification and dra	awings exce							
listings under 37 CFR sheets or fraction there					for small e	ntity) for each a	dditional 5	0
	ktra Sheets			additional 50 or fra	ction thorog	of Fee (\$)	Foo	Paid (\$)
				(round up to a wh			<u> 1-66</u>	raiu (\$)
4. OTHER FEE(S)		700 -		(round up to a win	ole Halliber)	^	Fees	Paid (\$)
Non-English Specificati	on, \$130 f	ee (no small ent	tity disc	ount)				1,010 (4)
Other (e.g., late filing su	rcharge).	1253 Extensio	າ for re	spońse within tl	hird montl	h	1,1	10.00
(0,		801 Request	for con	tinued examina	tion (RCE	E) (see 37	8	10.00
SUBMITTERBY								
Signature	nas	~ `		Registration No. (Attorney/Agent)	34,681	Telephone	617.64	6.8000
Name (Print/Type) James H.	Morris					Date	October	8, 2009
		Contistanta es	Eleater-	io Eilipa Hadas 27	CED 4 °			
I hereby certify that this paper system in accordance with § 1		ny paper referred	to as bei	nic Filing Under 37 ng attached or enclo	osed) is bein	g transmitted via t	he Office ele	ctronic filing
Dated: October 8, 2009		Sig	nature: _	Umy J	- Ner	rdll		